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Bib Data Sheet

CONFIRMATION NO. 7140

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|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/815,552 | FILING DATE<br>04/01/2004<br><br>RULE | CLASS<br>248 | GROUP ART UNIT<br>3632 | ATTORNEY<br>DOCKET NO.<br>5Y01.1-011 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

APPLICANTS

William Young, Madison, GA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/460,135 04/03/2003 *ATW*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None ATW*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
**\*\* 06/17/2004**

|   |                              |                                    |                                 |                            |
|---|------------------------------|------------------------------------|---------------------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>GA    | SHEETS<br>DRAWING<br>3             | TOTAL<br>CLAIMS<br><i>20/17</i> | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance <i>ATW</i> | Verified and<br>Acknowledged | Examiner's Signature<br><i>ATW</i> | Initials                        |                            |

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TITLE  
 Camera stand

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>460 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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